

## **Accomack County Building & Zoning Residential Addition**

### **Permit Package**

- ☐ **Building Permit Application**
- ☐ **Tax Form**
- ☐ **Detailed Site Plan (See Example Included)**
- ☐ **Zoning Approval/Town Zoning if in an Incorporated Town**
- ☐ **Contractor's License Information/Owner's Affidavit**
- ☐ **Building Permit Fees**
- ☐ **Two Sets of Building Plans**
- ☐ **Health Department Approval**
- ☐ **E&S may or may not be required depending the size of the project of if it is in the RPA**
- ☐ **FEC certificate may or may not be required depending on the job**

## BUILDING PERMIT APPLICATION



BUILDING AND ZONING DEPARTMENT  
COUNTY OF ACCOMACK, VIRGINIA  
23296 COURTHOUSE AVENUE, RM 105  
P. O. BOX 93  
ACCOMACK, VIRGINIA 23301

(757) 787-5721

(757) 824-5223

FAX (757) 787-8948

## County Use Only

Permit No. \_\_\_\_\_

Zoning: \_\_\_\_\_

Floodplain: Yes \_\_\_\_\_ No \_\_\_\_\_

Bayside \_\_\_\_\_ Seaside \_\_\_\_\_

CAPA \_\_\_\_\_ RMA \_\_\_\_\_ RPA \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

Paid: \_\_\_\_\_

## ALL INFORMATION MUST BE PROVIDED PRIOR TO SUBMISSION - PLEASE PRINT / TYPE

PERMIT TYPE: ☐ NEW HOME/BLDG ☐ ADDITION ☐ ACCESSORY BLDG☐ RE ROOF ☐ SIGN ☐ DEMOLISH ☐ RENOVATION ☐ MOVE☐ SWIMMING POOL ☐ CHANGE OF USE ☐ OTHER \_\_\_\_\_
☐ MANUFACTURED HOME \_\_\_\_\_ Circle One: Block Perimeter or Skirting  
(Name of Home & Year)
☐ COMMERCIAL STRUCTURE USE GROUP \_\_\_\_\_

## OWNER INFORMATION:

NAME (PLEASE PRINT) \_\_\_\_\_ PHONE NO. ( ) - \_\_\_\_\_

MAIL ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

JOB LOCATION: CTM# \_\_\_\_\_ 911 ADDRESS \_\_\_\_\_

BRIEF DESCRIPTION OF WORK: \_\_\_\_\_

Building Size: \_\_\_\_x\_\_\_\_ Height \_\_\_\_ Total Sq. ft. \_\_\_\_\_ Stories \_\_\_\_ Type of Construction \_\_\_\_\_

Where appropriate indicate: Current # of Bedrooms \_\_\_\_\_ Proposed # of Bedrooms \_\_\_\_\_ Proposed # of Bathrooms \_\_\_\_\_

Sewer Service: ☐ Public ☐ Septic ☐ Other If Other, Please Specify: \_\_\_\_\_Water Service: ☐ Public ☐ Well ☐ Other If Other, Please Specify: \_\_\_\_\_

ESTIMATED COST OF CONSTRUCTION: \$ \_\_\_\_\_

CONTRACTOR INFORMATION: ☐ CHECK IF SAME AS APPLICANT

COMPANY NAME \_\_\_\_\_ PHONE NO. ( ) - \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

VIRGINIA CONTRACTOR LICENSE NO. \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

ACCOMACK COUNTY BUSINESS LICENSE NO. \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

DESIGNATED MECHANICS LIEN AGENT: ☐ NONE DESIGNATED

NAME (PLEASE PRINT) \_\_\_\_\_ PHONE NO. ( ) - \_\_\_\_\_

MAIL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT IT IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION.

☐ OWNER ☐ CONTRACTOR ☐ AGENT OR \* IF YOU ARE THE TENANT, OWNER'S SIGNATURE IS REQUIRED, SEE BELOW

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TENANT SIGNATURE \_\_\_\_\_ OWNER \_\_\_\_\_

☐ White: Open BP File (By Name)☐ Yellow: Zoning Admin.☐ Pink: Health Dept.☐ Gold: Assessor

ZONING

**SITE PLAN**  
**ACCOMACK COUNTY**  
**BUILDING & ZONING DEPARTMENT**  
COUNTY TAX MAP #

OWNER: \_\_\_\_\_ PHONE: (     ) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PROJECT: \_\_\_\_\_

A diagram of a rectangular lot with various setback and dimension lines. The lot is represented by a large rectangle. Inside the lot, there are two horizontal lines, one on the left and one on the right, each labeled "Side yard Setback" with a blank line for measurement. Above the lot, a horizontal double-headed arrow is labeled "Rear Width" with a blank line. Below the lot, a horizontal double-headed arrow is labeled "Front Width" with a blank line. To the left of the lot, a vertical double-headed arrow is labeled "Side Width" with a blank line. To the right of the lot, a vertical double-headed arrow is labeled "Side Width" with a blank line. Above the lot, a horizontal line is labeled "Rear Setback" with a blank line. Below the lot, a horizontal line is labeled "Front Setback" with a blank line.

911 Street Address \_\_\_\_\_ Town \_\_\_\_\_

SUBDIVISION NAME \_\_\_\_\_ LOT # \_\_\_\_\_

**HEALTH DEPARTMENT**

☐ APPROVED  
☐ NOT APPROVED

I CERTIFY THE INFORMATION ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE

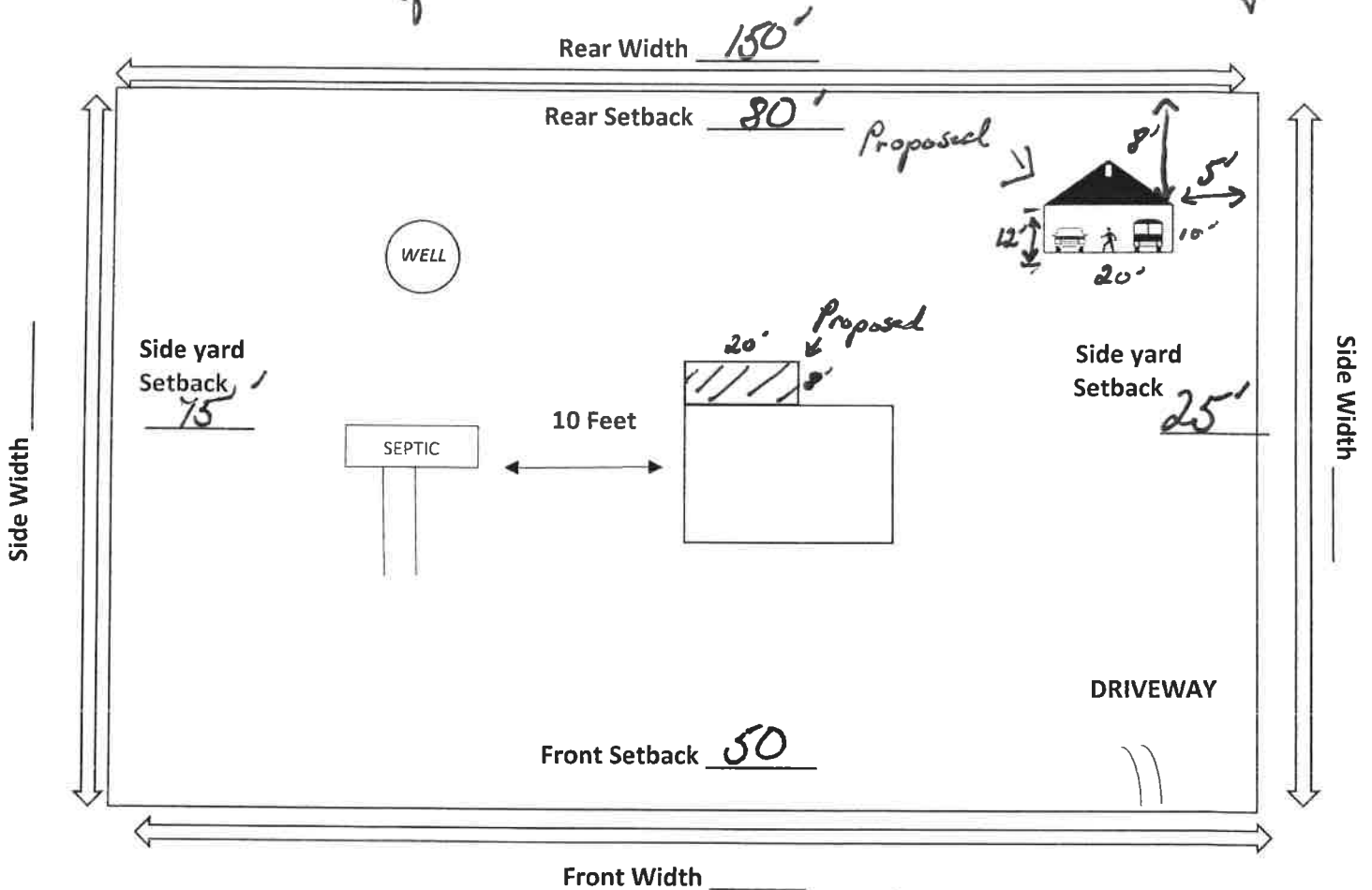
DATE: \_\_\_\_\_ APPLICANT SIGNATURE: \_\_\_\_\_

ZONING  
Res

**SITE PLAN**  
**ACCOMACK COUNTY**  
**BUILDING & ZONING DEPARTMENT**  
COUNTY TAX MAP #  
120A - 3 - 100

EXAMPLE

OWNER: Joe Public PHONE: (757) 555-5555  
MAILING ADDRESS: P.O. Box 123 Accomack, VA 23421  
EMAIL ADDRESS: Joe.P@gmail.com PROJECT: Deck addition & Garage



911 Street Address 123 Drummond town Rd Town Locustville

SUBDIVISION NAME \_\_\_\_\_ LOT # \_\_\_\_\_

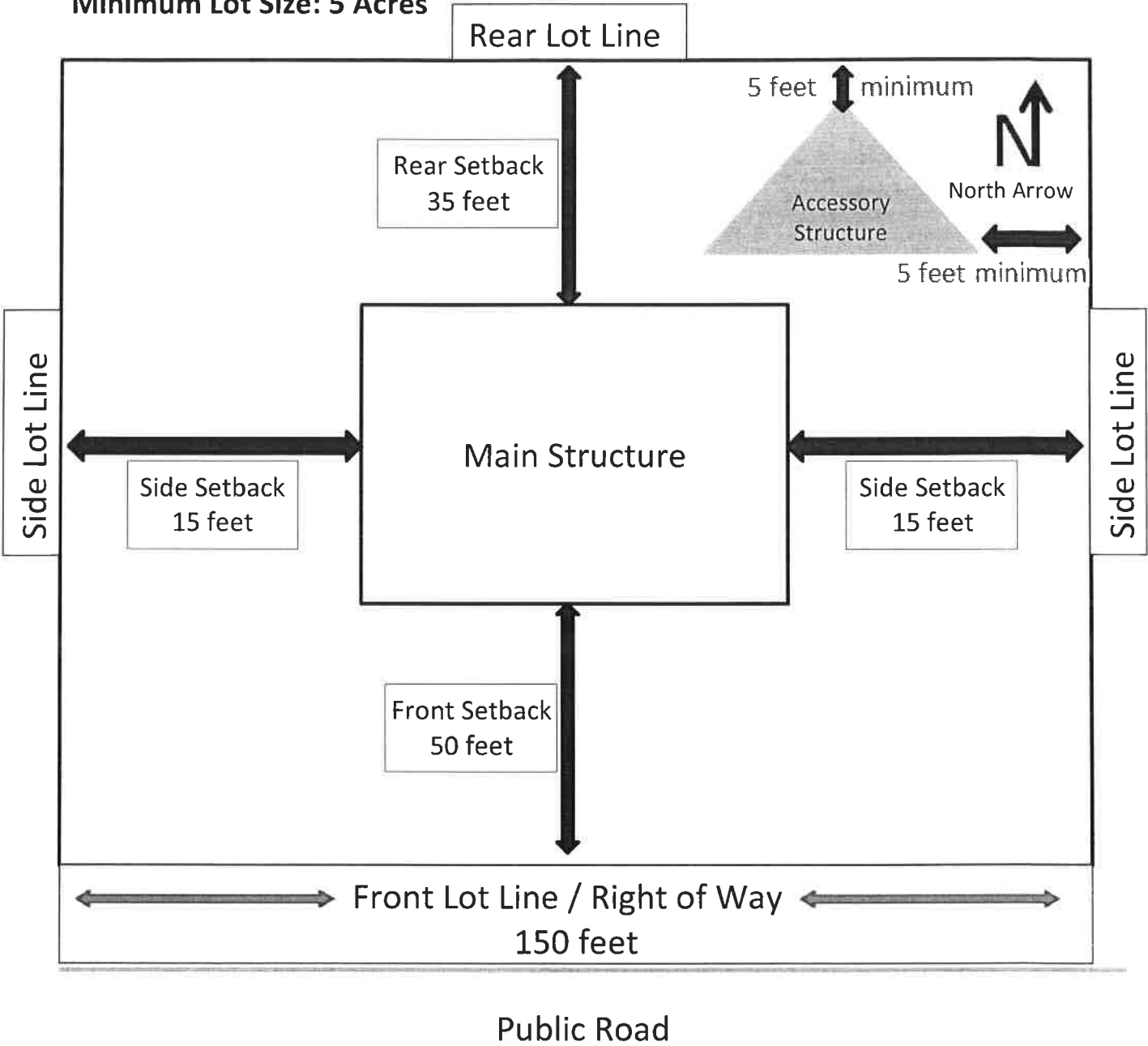
**HEALTH DEPARTMENT**

- ☐ APPROVED  
☐ NOT APPROVED

I CERTIFY THE INFORMATION ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE

DATE: 5/23/17 APPLICANT SIGNATURE: Joe Public

Agriculture Zoning District  
Minimum Lot Size: 5 Acres



Main Structure Height	Accessory Structure Height
	

## BASIC ZONING CHECK LIST

### AGRICULTURAL DISTRICT - BUILDING PERMITS

<b>Property Owner's Name</b>	
<b>Address of Property</b>	
<b>Tax Map #</b>	

- 1) \_\_\_\_ Verify zoning district (AccoMap) - if zoned Agricultural, complete rest of form
- 2) \_\_\_\_ Verify that proposed use is Single Family dwelling, manufactured home (mobile home), or accessory building (shed, garage)
- 3) \_\_\_\_ Site (sketch) Plan submitted? If not, have Applicant prepare and complete Site (sketch) Plan before continuing.
- 4) \_\_\_\_ Check Lot size (AccoMap)
  - ☐ 5 acre minimum.
  - ☐ If less than 5 ac., lot may be legal and/or grandfathered – refer to Zoning
- 5) \_\_\_\_ Front Setback
  - ☐ 50' from road right of way or front property line
    - If standards above are not met, check with Zoning
- 6) \_\_\_\_ Road Frontage
  - ☐ 150' of road frontage (lot width) required at front setback line
- 7) \_\_\_\_ Side Yard Setbacks
  - ☐ 2 side yards of 15' min. each for main building;
  - ☐ 5' min. for accessory structures
- 8) \_\_\_\_ Rear Yard Setbacks
  - ☐ 35' min. for main building
  - ☐ 5' min. for accessory structures
- 9) \_\_\_\_ Corner Lots - Setbacks
  - Refer to Zoning.
- 10) \_\_\_\_ Height Restrictions
  - ☐ 35' height maximum
  - ☐ Accessory buildings within 10' of any lot line shall not exceed 12 feet in height measured at the eave line (where roof meets side wall).

\*No accessory buildings are permitted in the front setback area.



# COUNTY OF ACCOMACK

## BUILDING & ZONING

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Accomack, VA 23301

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[www.co.accomack.va.us](http://www.co.accomack.va.us)

**Rich Morrison, Director**

**Mark Bowden, Building Official / Deputy Director**

## Affidavit

I (name), \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County Tax Map #: \_\_\_\_\_

**Affirm that I own the tract or parcel of land located at:**

- ☐ Same as above  
☐ The following address

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County Tax Map #: \_\_\_\_\_

**I/We have applied for a building permit and affirm that I am familiar with the pre-requisites of Section 54.1-1111 of the Code of Virginia and I am not subject to licensure as a contractor or subcontractor.**

**Acknowledged by:** \_\_\_\_\_ **(Affiant) in the city or county of**  
\_\_\_\_\_ **- Virginia. On the** \_\_\_\_ **date of** \_\_\_\_\_, 20\_\_\_\_, **in the presence of**  
**the undersigned witness** \_\_\_\_\_ **(Witness).**

### **§ 54.1-1111. Prerequisites to obtaining business license; building, etc., permit.**

A. Any person applying to the building inspector or any other authority of a county, city, or town in this Commonwealth, charged with the duty of issuing building or other permits for the construction of any building, highway, sewer, or structure, or any removal, grading or improvement shall furnish prior to the issuance of the permit, either (i) satisfactory proof to such inspector or authority that he is duly licensed or certified under the terms of this chapter to carry out or superintend the same, or (ii) file a written statement, supported by an affidavit, that he is not subject to licensure or certification as a contractor or subcontractor pursuant to this chapter. The applicant shall also furnish satisfactory proof that the taxes or license fees required by any county, city, or town have been paid so as to be qualified to bid upon or contract for the work for which the permit has been applied.

It shall be unlawful for the building inspector or other authority to issue or allow the issuance of such permits unless the applicant has furnished his license or certificate number issued pursuant to this chapter or evidence of being exempt from the provisions of this chapter.

The building inspector, or other such authority, violating the terms of this section shall be guilty of a Class 3 misdemeanor.



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**Rich Morrison, Director**

**Mark Bowden, Building Official**

### Evidence of Payment of Delinquent Taxes

Effective April 26, 2010, prior to initiation of application for a special exception, special use permit, variance, rezoning, or other land disturbing permit, including building permits and erosion and sediment control permits, the applicant shall provide evidence of payment of any delinquent taxes on the subject property. This is in accordance with the Code of Virginia, Section 15.2-2286(B) and Accomack County Code, Section 106-239.

**Please complete the following request for information and carry to the Accomack County Treasurer's Office for signature and/or evidence of payment of any delinquent taxes:**

Property Owner's Name: \_\_\_\_\_

Subject Property Street Address: \_\_\_\_\_

County Tax/Parcel Number: \_\_\_\_\_

Tax Bill Number, if applicable: \_\_\_\_\_

**Treasurer's Office: (757) 787-5738 or (757) 824-6451**

**Treasurer's Office Use Only**

**Account #** \_\_\_\_\_

I have verified there are no delinquent taxes for the above identified property.

Signed: \_\_\_\_\_, Accomack County Treasurer's Office

Date: \_\_\_\_\_